

## PROCESS RECEIPT AND RETURN

See ["Instructions for Service of Process by U.S. Marshal"](#)

PLAINTIFF WILLIAM ROBERT SHAW	COURT CASE NUMBER 20-C-483
DEFENDANT DR. ROBERT MCQUEENY	TYPE OF PROCESS Summons, Comp, Consent Form, Order
<b>SERVE AT</b> {	NAME OF INDIVIDUAL COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Dr. Robert McQueeney
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Milwaukee County Jail, 949 N. 9th St., Milwaukee, WI 53233
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  William Robert Shaw Milwaukee County Jail 949 N. 9th St. Milwaukee, WI 53233	Number of process to be served with this Form 285  Number of parties to be served in this case  Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Signature of Attorney or other Originator requesting service on behalf of:  William Robert Shaw	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER  	DATE  7/21/2020
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### SPACE BELOW FOR USE OF U.S. MARSHAL ONLY – DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process  	District of Origin  No. _____	District to Serve  No. _____	Signature of Authorized USMS Deputy or Clerk  	Date  
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
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Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy
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Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS